

Student Release Form

Student's:						
Last Name:		First Name:				
Address:		Home Phone:				
Parent /Guardian:						
Mother's Name:	Address:	Home Phone:	Work Phone:	Cell Phone:		
Father's Name:	Address:	Home Phone:	Work Phone:	Cell Phone:		
Guardian's Name:	Address:	Home Phone:	Work Phone:	Cell Phone:		
Emergency Out-of-State Contact:						
Name:	Address:	Home Phone:	Work Phone:	Cell Phone:		
In case of an Emergency I/We allow our child's release to one or all of the following three people:						
Name:	Relationship:	Home Phone:	Cell Phone:			
Name:	Relationship:	Home Phone:	Cell Phone:			
Name:	Relationship:	Home Phone:	Cell Phone:			
Medical Condition or Alert:						
Condition:			Medication:			
Condition:			Medication:			
Form Completed by:						
Relationship to Student:						
Signature:				Date:		